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| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                      |                                 |                  |       | SMALL ENTITY TYPE C |                        |       | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|---|--------------|----------------------|---------------------------------|------------------|-------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | /            |                      |                                 |                  | ı     | RATE                | FEE                    |       | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED |                      | NUMBER EXTRA                    |                  |       | BASIC FEE           | 355.00                 | OR    | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | / minus 20=  |                      | •                               |                  |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | <u> </u>     | nus 3 =              | <u> </u>                        |                  | į     | X40=                |                        | OR    | X80=                       |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                                |              |                      |                                 |                  | +135= |                     | OR                     | +270= |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                      |                                 |                  | Į     | TOTAL               |                        | OR    | TOTAL                      | 710                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |              |                      |                                 |                  |       | SMALL E             | NTITY                  | OR    | OTHER THAN<br>SMALL ENTITY |                        |
| NT A  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENOMENT   | Total  | •   | Minus        | ••                   |                                 | =                |       | X\$ 9≈              |                        | OR    | X\$18=                     |                        |
| ME  | Independent                                    | •   | Minus        | ***                  |                                 | =                |       | X40=                |                        | OR    | X80=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                                 |                  |       | +135=               |                        | OR    | +270=                      |                        |
|   |  |   |              |                      |                                 |                  |       | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT, FEE        |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |              |                      |                                 |                  |       |                     |                        |       |                            |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUI<br>PREV          | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  |   | Minus        | ,,                   |                                 | =                |       | X\$ 9=              |                        | ОВ    | X\$18=                     |                        |
|   | Independent                                    |   | Minus        | •••                  |                                 | <u> </u>         | 1     | X40=                |                        | OR    | X80=                       |                        |
|   | FIRST PRESE                                    | NTATION OF M                                | ULTIPLE DE   | PENDEN               | IT CLAIM                        |                  | J     | +135=               |                        | OR    | +270=                      |                        |
|   |  |   |              |                      |                                 |                  |       | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE        |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |              |                      |                                 |                  |       |                     |                        |       |                            |                        |
| ENTC  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUI<br>PREV          | MEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Š   | Total  | •   | Minus        |                      |                                 | =                |       | X <b>\$</b> 9≈      |                        | OR    | X\$18=                     | <u> </u>               |
| AMENDMENT   | Independent                                    | ·   | Minus        | •••                  |                                 | ]=               | -     | X40=                |                        | OR    | X80=                       |                        |
| F   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                                 |                  | T     | +135=               |                        | OR    | +270=                      |                        |
| * if the entry in column 1 is less than the entry in column 2, write *0* in column 3.  TOTAL  OR ADDIT ESS  |  |   |              |                      |                                 |                  |       |                     |                        |       |                            |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE OH ADDIT. FEE |  |   |              |                      |                                 |                  |       |                     |                        |       |                            |                        |